## **CLAIMS ONLY**

SERIAL NO.

FILING DATE

APPLICANT(S)

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| TOTAL<br>DEP.                              |                  | 3  | <b>—</b>        |              | <b>—</b>    |        | J 🚅           | 1                   |  |
| TOTAL<br>CLAIMS                            | 5                | 7  |                 |              | 4           |        |               |                     |  |
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